Volunteer Application

WORLD NEEDY ORGANIZATION



Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
A 11 . 1 . 1194	
Availability	
During which hours are you av	ailable for volunteer assignments?
Weekday mornings	
Weekday afternoons	
Weekday evenings	
Wookaay overmige	
Interests	
Tell us in which areas you are	interested in volunteering
Administration	
Events	
Field work	
Fundraising	
Deliveries	
Phone bank	
Newsletter production	
Volunteer coordination	
Doctor	
Psychologist	
Attorney	

Special Skills or Qualifica	ations
Summarize special skills and or through other activities, inc	qualifications you have acquired from employment, previous volunteer work, luding hobbies or sports.
Previous Volunteer Exper	rience
Summarize your previous volu	
Davage to Notify in Coop	of Emparation
Person to Notify in Case	T Emergency
Name	
Street Address	
City ST ZIP Code	
Home Phone Work Phone	
E-Mail Address	
L-Iviali Addiess	
Agreement and Signature	
if I am accepted as a voluntee	I affirm that the facts set forth in it are true and complete. I understand that er, any false statements, omissions, or other misrepresentations made by sult in my immediate dismissal.
Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us. The volunteer time can be used as a Tax deduction, community service hours, resume builder, and can be tracked for these purposes.